

Clearview



Getting To Know

“Us”

Mission Statement ~ Innovative leaders weaving together
extraordinary care in a supportive environment

Welcome to Clearview

Clearview has a rich history of successfully caring for individuals with a wide range of disabilities and ages. Clearview has adopted the Household Concept to provide a family like atmosphere yet providing for the individual needs of each diverse population. Person centered care is provided throughout the facility to assist each individual in maintaining their highest level of functioning.

The Households at Clearview have a similar design to your own home. There is an open living room with a fire place, snack bar, and dining room areas. Residents of Clearview enjoy being part of the atmosphere with the staff. Household staff is cross-trained in dietary, housekeeping, laundry, activities, and resident personal cares. Cross-training allows everyone to respond to the residents' needs.

Resident rooms within Clearview are private with individual showers/bathrooms, integral blinds, a wood armoire, and a flat screen TV. These items are provided for the convenience of each resident. These items should not be removed or altered. Resident personal laundry is done on the household. Residents may choose to assist with their laundry. The scents of laundry and smells of baking within the living area create a homelike atmosphere.

The household team is comprised of the following disciplines along with the above mentioned cross-trained staff:

Medical Director ~ To address your medical needs, Clearview has a medical director and a staff physician who makes rounds four days during the week as needed and are available on an emergency basis. Although you may retain the services of your family physician, having an on-site physician provides prompt treatment for your medical needs. Other specialist that may provide services within the facility include a psychiatrist, neurologist, dentist, optometrist, podiatrist, and other consultants as needed.

Nursing Services ~ Clearview's nursing service provides for your direct care needs. They assist with the administration of medications and treatments. Nurses have received specialized education in the administration of hypodermoclysis for hydration, IV medications, wound care, and pain management. Clearview also has wound care certified nurses on staff. Their goal is to help you to maintain or regain your health, educate families, and assist those who enter for rehabilitation a successful return home. Nursing staff, in conjunction with the team, also provide support to you and your family concerning end-of-life issues.

Clearview utilizes a unit dose system of the dispensing of medications. All medications are ordered by the physician and dispensed by licensed nurses, except when approved by the physician for self-administration. Participants may use a pharmacy of choice, however, state and federal codes must be met.

Social Services ~ Our professional Social Services staff serve as a liaison between the resident, family, staff members, and community resources. The services provided by Social Services are to assist with the admission process, and throughout your stay at Clearview. Social Services' staff goals are to provide a therapeutic atmosphere and develop an individualized plan that allows each person to function at his/her highest level. The clinical team works in collaboration with the resident and

family. Social Services also will facilitate your discharge by making referrals to community based programs that may include services for medical needs, mental health, home health, financial services, and outpatient therapies. Another important function of this department is to assure that each person's rights are protected (see Resident Bill of Rights).

Leisure Programs ~ A schedule of events and individual interactions are planned to encourage socialization, improves daily living skills, expands personal interests, and can increase physical activity. Together, with the household team, our goal is to have each resident have an active role in planning their day. Community involvement in and outside the facility remains important. Clearview participates in the Music and Memory Initiative. Through the use of personalized music, residents with dementia find renewed meaning and connect in their lives.

Spiritual Involvement ~ Area churches from the surrounding communities provide services for various denominations.

Food and Nutritional Services ~ Home-cooked meals are served on the household. They are prepared under the direction of a full-time registered dietitian nutritionist, who also assesses all residents for special nutritional needs. Individual food preferences are honored, with alternate choices available to the resident. Special diets, if prescribed by the physician, are provided. Visiting family and friends may plan to join the resident for a meal, requesting the meal by 3:30 p.m. the day prior and paying at the bank before the meal service. The bank is open from 8:00 a.m. to 4:30 p.m. Monday through Thursday and until 4:00 p.m. on Fridays.

Medical Transports ~ There are times when you or your loved one must be seen by medical specialists outside of Clearview. Staff will facilitate the scheduling of these appointments. Staff members may contact families to set up transportation and/or accompany your family member. Depending upon the urgency of the medical needs, the least expensive available transportation will be used. Costs for transportation are not included in the daily rate. Staff will provide available resources to obtain outside transportation for any reasons other than medical transport. Medical transports are \$10.00 per trip, plus \$1.00 a mile.

Personal Possessions ~ All clothing and other personal items will be marked and inventoried at the time of admission. When bringing or taking home personal items, please inform staff so the inventory can be updated. As Clearview has limited storage space, we recommend that seasonal clothing and decorations should be taken home by family. It is comforting to have familiar items in their room; please check with staff when bringing in items. Any items left at Clearview should be picked up as soon as possible after the person's discharge or transfer. If an individual is unable to safely care for items, the legal representative will be encouraged to keep these items in a safe place for the individual.

Visiting ~ Visiting hours are unlimited but family and friends are encouraged to visit between 8:00 a.m. and 9:00 p.m. daily. Clearview is a secure facility. The front door is open from 7:30 a.m. to 5:30 p.m. Special visiting arrangements can be made with the nurse or Social Services. There are no overnight visits in resident rooms.

Pet Visits ~ If pet visits are desired, please see Social Services prior to the pet visit to review Clearview's Pet Policy.

Passes ~ Spending time visiting with family and friends outside of the facility remains important for many individuals. Prior to going on pass, the resident or responsible party must contact the nursing staff or Social Services to fill out a pass form. This allows staff time to prepare for the pass. If the person has a guardian, he/she must approve the pass and an order from the physician should be on file.

Telephones ~ Incoming calls may be received on households, where there are portable telephones for increased privacy. For those wishing to make routine long distance calls, arrangements will need to be made with Social Services (for example, a calling card may need to be obtained by families). Personal, in-room telephone service may also be arranged and paid for by you or your family. You or your family would also need to provide the telephone.

Internet, Wi-Fi, and Cellular Service ~ Access is available in many areas of the building.

Notice ~ For your safety, no concealed weapons are allowed on Clearview property

HIPAA ~ Clearview may use your health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996) for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. Clearview has established measures to guard against unnecessary disclosure of your health information. Due to these practices, Clearview staff will not be establishing relationships or communications via social networking (i.e. Facebook, Twitter, g-mail etc.) with residents or family members. For additional information regarding Clearview's "Notice of Privacy Practices," please see the Notice of Privacy Practices.

Gifting ~ While we understand that residents/participants and families sometimes want to share gifts to show their appreciation to staff, all Clearview employees are unable to accept gifts. If a family feels strongly about showing their appreciation, they may share something that benefits the household. The facility has a couple of different options for monetary donations: employee appreciation and unrestricted donations. By no means should a family ever feel obligated to purchase something as we are here to provide a service equally to all.

Friends of Clearview ~ "Friends of Clearview" is organized to accept, on behalf of Dodge County, funds that have been donated to Dodge County by individuals and organizations for the purchase of amenities for the benefit of residents of Clearview.

Clearview Core Values:

1. Focus on the resident and all else will follow
2. Believe it is possible
3. Build honest and open relationships with family and residents
4. Nurture the human spirit
5. Be determined and passionate
6. Pursue growth and learning
7. Be humble
8. Instill hope
9. Enrich life
10. Integrity

CLEARVIEW

RESIDENT BILL OF RIGHTS

The resident has a right to dignified existence, self-determination, and communication with access to persons and services inside and outside the facility. The facility shall protect and promote the rights of each resident, including each of the following rights.

1. **Exercise of Rights.** The resident has the right to exercise his or her right of the facility and as a citizen or resident of the United States, to be free of interference, coercion, discrimination or reprisal from the facility in exercising his or her rights. All residents are encouraged and assisted throughout their stay, to exercise his/her rights as residents and citizens. To assure that residents fully understand the nature and scope of these rights, any questions regarding these rights should be directed to a social worker or social services staff of the facility. If during a resident's stay he/she is deemed incapable of making health care decisions, the resident's designated person through Power of Attorney for Health Care, or appointed guardian, will be informed of, and may exercise, these rights on the resident's behalf. The rights are guaranteed under state and federal laws and honored by Clearview.

2. **Definitions.**

2.1 Legal Representative is a legal representative within the meaning of that term as described in the Omnibus Budget Reconciliation Act of 1987 ("OBRA") as intended to include those persons who have legal authority to make decisions regarding the care, treatment, or finances of the resident.

2.2 **Resident.** As used within this document, "Resident" means the individual for whom nursing and other therapeutic care is to be provided within the Facility.

3. **Notice of Rights and Services.**

3.1 The facility shall inform the resident, before or upon admission, orally and in writing, of his/her rights and all rules and regulations related to his/her stay in the facility. Receipt of such information must be acknowledged on the admission agreement. Reasonable arrangements shall be made for the residents with communication impairments or whose language is not English. The resident or his/her legal representative has the right to access all records pertaining to him/her within twenty-four (24) hours of written or oral request. After receipt of the request for inspection, he/she may purchase photocopies of the records upon request not to exceed the community standard. The notice should be given at least two (2) business days in advance to the facility. The resident has a right to be fully informed of his/ her health status. The resident has a right to refuse treatment unless otherwise order by the courts and the right to refuse to participate in experimental research.

3.2 The facility should furnish a written description of legal rights and statements that the resident may file a complaint with the state survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility.

3.3 This facility will inform each resident of the name, address, specialty and way of contacting the physician responsible for his or her care; if you want to see your physician, ask your nurse to arrange it. Except in a medical emergency or when a resident is incompetent, the facility will consult with the resident immediately and consult with resident's physician, and if known, notify the legal representative

or interested family member immediately when there is an accident involving the resident which results in injury or has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility.

3.4 Free Choice. The resident/legal representative has the right to choose licensed, certified, or registered providers of health care including personal attending physician and pharmacist; to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and unless judged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes or refusal in care and treatment.

3.5 This facility will also promptly notify the resident and, if known, the legal representative or interested family member when there is a change in room or roommate assignment or a change in resident rights under Federal or State law or regulations. This facility will record and periodically update the address and telephone number of the legal representative or interested family member.

4. **Financial Affairs and Protection of Resident Funds.**

4.1 This facility shall inform each resident or legal representative of services available in the facility and of the charge for those services, including any charges for services not covered under Medicare or by the facility's Medicaid rate. This facility shall also inform when changes are made to these items and services. The facility shall inform those entitled to Medicaid benefits of the items and services that are included in the nursing facility services under the State plan and for which the resident may not be charged.

4.2 The resident/ legal representative has the right to manage his/her own financial affairs and the facility may not require residents to deposit their personal funds with the facility. Upon written authorization of a resident, this facility will hold, safeguard, manage and account for the personal funds of the resident deposited with the facility. These funds will be in an interest bearing account which is reconciled monthly. The authorization for spending a resident's funds may include a spending limit if authorized by the legal representative or resident. This facility shall establish and maintain a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility that complies with Federal and State law. The individual financial record must be available through quarterly statements and on request to the resident or his/her legal representative.

4.3 If the resident has authorized discretionary expenditures by the facility and this facility has accepted responsibility for these expenditures, upon written request of the resident, the resident's guardian or a designated representative of the resident, this facility shall issue this statement monthly.

4.4 The facility will provide both oral and written information regarding application and use of Medicare and Medicaid benefits, and how to apply for refunds of previous payments covered by such benefits.

4.5 Provisions in Wisconsin law specify a level of assets and income that may be retained by the resident's spouse, residing outside of the nursing home, without affecting the resident's eligibility for Medicaid benefits. The effect of the law is to avoid requiring the spouse outside the home to impoverish him or herself in order to make the spouse residing in the nursing home eligible for Medicaid. Residents or legal representatives with specific questions should contact the Economic Support office of his/her applicable county, determining Medical Assistance eligibility. This facility shall notify each resident that receives Medicaid benefits when the amount reaches \$400 less (\$1600) than the SSI resource limit for one person and if the amount in the account, in addition to the value of the resident's other non-exempt

resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

4.6 Upon the death of a resident with a personal fund deposited with this facility, will convey within thirty (30) days the resident's funds and a final accounting of these funds to the individual or probate jurisdiction administering the resident's estate.

4.7 This facility has purchased a security bond or otherwise provided assurance satisfactory to the Secretary to assure the security of all personal funds of residents deposited with the facility.

4.8 This facility will not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare.

5. **Privacy and Confidentiality.**

5.1 The resident has the right to personal privacy and confidentiality of his or her clinical records, in accordance with state and federal regulations, including HIPAA.

5.2 Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. The resident, or guardian if the resident is deemed incompetent, may approve or refuse the release of personal and clinical records to any individual outside the facility, unless the resident is transferred to another health care institution or record release is required by law or third-party payment contract.

5.3 Clearview does prohibit employees to use social networking platforms and communication technology to relay information about resident's at Clearview. Facility staff is prohibited from discussing resident/patient information on blogs, social media, or other internet platforms.

6. **Grievances.**

6.1 The resident has the right to voice grievances with respect to treatment or care which has not been furnished without discrimination or reprisal, and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. All residents have the right to contact and receive information from organizations acting in the capacity of resident advocates.

6.2 A resident may file a complaint with the state survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility. Inquiries or complaints regarding medical treatment or the Federal Resident Bill of Rights may be directed to:

Wisconsin Medical Examining Board
1 (608) 266-5439

Wisconsin Division of Quality Assurance
1 (608) 266-8481

Board on Aging and Long Term Care
Ombudsman Program
1402 Pankratz Street, Suite 111
Madison, WI 53704
1 (800) 815-0015

Medicare Fraud
1 (800) 368-5779

Inquiries or complaints specific to HIPAA Privacy Regulations should be directed to the Privacy Officer/Director of Support Services at Clearview, 198 County Road DF, Juneau, Wisconsin 53039, at (920) 386-3415.

7. **Examination of Survey Results.**

7.1 The resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction, to receive information from agencies acting as client advocates, and to contact agencies.

7.2 The results shall be displayed in the lobby of this facility and made available on each household.

8. **Work.**

8.1 The resident has the right to refuse to perform services for the facility, but may perform services if he or she chooses when the facility has documented the need or desire for work in the Plan of Care, the Plan specifies the nature of the services performed.

8.2 It should be noted in the residents plan if the service is a voluntary household duty, whether the services are paid for services at or above prevailing rates, and the resident agrees to the work arrangement described in the plan of care.

9. **Access and Visitation Rights.**

9.1 The resident has the right, and this facility shall provide immediate access to the following: any representative of the U.S. Department of Health and Human Services; any representative of the State of Wisconsin; the resident's individual physician; the State long-term care ombudsman; the protective and advocacy agencies for developmentally disabled and mentally ill individuals (the agency coordinating this service in Dodge County is Dodge County Human Services, at (920) 386-3500).

9.2 Others who wish to visit may do so with the resident's consent, which the resident may deny or withdraw at any time, subject to reasonable restrictions. This facility will allow representatives of the State ombudsman to examine a resident's clinical records with the permission of the legal representative, and to remain consistent with State Law.

10. **Mail.**

10.1 The resident has the right to privacy in written communications, including the right to send and receive mail promptly that is unopened, unless specified differently on the admission agreement.

10.2 The facility will provide reasonable access to stationery, postage, and writing implements, at the resident's own expense.

11. **Telephone.** The resident has the right to have reasonable access to the private use of a telephone.

12. **Personal Property.** The resident has the right to retain and use personal possessions including some furnishings and appropriate clothing as space permits (in a reasonable secure manner) unless to do so would infringe upon the rights or health and safety of other residents.

13. **Married Couples.** The resident has the right to connecting rooms with his or her spouse when married residents when available and both spouses consent to the arrangement and such space is available.

14. **Self-Administration of Medication.** Each resident has a right to self-administer medications if the facility's interdisciplinary team has determined that this practice is safe.

15. **Transfer and Discharge.**

15.1 This facility shall permit each resident to remain in the facility, and not transfer or discharge the resident from the facility, unless:

1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
3. The resident requires care other than that which the facility is licensed to provide.
4. The safety and/or health of individuals in the facility would otherwise be endangered.
5. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) their stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge resident only allowable charges under Medicaid.

When this facility transfers or discharges a resident under any of the circumstances specified in (1) through (5), the resident's clinical records must be documented. The documentation shall be made by the resident's physician when transfer or discharge is necessary under (1), (2), or (3) and a physician when transfer or discharge is necessary under (4).

15.2 Before this facility transfers or discharges a resident, the facility shall notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reason for the move in writing and in a language and manner they understand, proposed date and location of transfer; record the reasons in the resident's clinical records; and include in the notice:

1. A statement the resident has the right to appeal the action to the State;
2. The name, address, and telephone number of the State Long-Term Care Ombudsman;
3. For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals; and
4. For residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.

The notice of transfer or discharge may be made as soon as practical when the transfer or discharge is for above stated reasons. In all other situations, the notice shall be made in writing at least thirty (30) days before the resident is discharged or transferred. A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

16. **Notice of Bed-Hold Policy and Readmissions.**

16.1 Before this facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility will provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan during which the

resident is permitted to return and resume residence in this facility; and the facility's policies regarding bed-hold periods permitting a resident to return.

16.2 At the time of transfer of a resident to a hospital or for therapeutic leave, this facility will provide a written notice to the resident and a family member or legal representative who specifies the duration of the bed-hold policy in the State plan and this facility's policy.

16.3 The nursing facility established and follows a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted upon the first availability of a bed. If the resident requires the services provided by the facility, and is eligible for Medicaid nursing facility services.

17. Transfers Within the Facility.

17.1 Residents will not be transferred between rooms or beds within the facility unless:

- (1) The resident consents to the transfer,
 - A developmentally disabled resident may need to move for active treatment reasons.
 - A resident may need to change rooms because of an incompatibility with a person in the household. The resident voicing the complaint would be the person to move to the new room, unless this is contraindicated in his/her plan of care.
- (2) The move is required for medical reasons, or
- (3) When necessary for the resident's welfare and for the welfare of other residents.

17.2 Prior to any proposed transfer this facility will provide the resident, or the person designated by the resident with notice and an explanation of the reasons for transfer. Residents may refuse a transfer to another room within this facility, if the purpose of the transfer is to obtain Medicare coverage for the resident's care. The resident's refusal will not affect his or her continued eligibility for Medicare benefits.

18. **Equal Access to Quality Care.** This facility established and maintains identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals, regardless of source of payment. The facility may charge any amount for services furnished to non-Medicaid residents consistent with the notice requirement regarding charges to persons entitled to Medicaid benefits. The State is not required to offer additional services on behalf of a resident other than services provided in the State plan.

19. Admissions Policy.

19.1 This facility does not require residents or potential residents to waive their rights to Medicare or Medicaid and does not require oral or written assurance that residents or potential residents are not eligible for or will not apply for Medicare benefits. This facility does not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, this facility does require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract without incurring personal financial liability and to provide facility payment from the resident's income or resources.

19.2 In the case of a person eligible for Medicaid, this nursing facility will not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift,

money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility.

19.3 However, this facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "Nursing Facility Services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services. This nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.

19.4 State or political subdivisions may apply stricter admission standard under State or local laws than are specified in this section to prohibit discrimination against individuals entitled to Medicaid.

20. **Restraints.** The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

21. **Abuse.** The resident has the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary seclusion.

22. **Staff Treatment of Residents.**

This facility has developed and implemented written policies and procedures that prohibit mistreatment, neglect, abuse of residents, and misappropriation of resident property. The facility will:

22.1 Not use verbal, mental, sexual or physical abuse, corporal punishment or involuntary seclusion;

22.2 Not employ individuals who have been:

- (a) Found guilty of abusing, neglecting, or mistreating individuals by a court of law; or
- (b) Have had a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and

22.3 Report any knowledge it has of actions by a court of law against an employee, which would indicate they are unfit for service as a nurse aide or other facility staff to the State Nurse Aide Registry or licensing authorities.

22.4 This facility shall ensure that all mistreatment, neglect, or abuse, including injuries of an unknown source, and misappropriation of resident property are reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures (including to the state survey and certification agency). Any suspicion of Crime will also be reported to the local law enforcement agency by the administrative team.

22.5 This facility shall ensure that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in process.

22.6 The results of all investigations shall be reported to the Administrator or his/her designated representative and to their officials in accordance with State law (including to the state survey

and certification agency) as soon as possible and a full investigation within 5 days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

23. **Dignity.** This facility shall promote and care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

24. **Self-Determination and Participation.** The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments and Plan of Care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that is significant to the resident.

25. **Participation in Resident and Family Groups.** A resident has the right to organize and participate in resident groups in the facility. A resident's family has the right to meet in the facility with the families of other residents in the facility. This facility will provide a resident meeting on a monthly basis. Staff or visitors may attend meetings at the group's invitation. This facility will provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings. When a resident council exists, this facility shall listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

26. **Participation on Other Activities.** A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. Residents are encouraged to vote and exercise other rights as a citizen or resident of the United States.

27. **Accommodation of Needs.** A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered, and to receive notice before the resident's room in the facility is changed.

28. **Non-Discriminatory Treatment.** It is the policy and practice of Clearview to admit and serve all persons needing the care offered and who desire to be admitted, regardless of race, color, age, sex, creed, or physical or mental impairment or handicap, or ability to pay. Admission and service delivery may not be restricted based on membership or affiliation with any religious, fraternal or other such organization.

Every resident shall have a right to be free from discrimination based on the source from which the facility charges for the resident's care are paid. No resident will be assigned to any part of a facility due to payment source. All residents will have an identical package of basic services regardless of payment source. If there is an extra charge for an additional source not covered by Medical Assistance, it will be provided to any resident willing and able to pay for it. The facility will not require, offer or provide an identification tag for a resident or any other items which discloses the source of payment of the resident's care.

CLEARVIEW

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Clearview is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. Clearview is required to abide by the terms of our Notice as may be amended from time to time. Clearview has the right to change the terms of our Notice. Any revisions to this Notice will be effective for all health information that Clearview has created or maintained in the past, and for any records that Clearview creates or maintains in the future. Clearview will post our current Notice in a prominent location in our facility, as well as on our website, www.co.dodge.wi.us/index.aspx?page=49.

USE AND DISCLOSURE OF HEALTH INFORMATION

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND THE PURPOSES FOR WHICH CLEARVIEW MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

To Provide Treatment. Clearview may use or disclose your health information to treat you and coordinate your care within Clearview. For example, your attending physician or other health care professionals involved in your care may use information about your symptoms in order to prescribe appropriate medications. Clearview may also disclose your health care information to individuals outside of Clearview involved in your care, including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. Clearview may use or disclose your health information to bill or collect payment for services or items you receive from Clearview. For example, Clearview may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Clearview. Clearview may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations. Clearview may use or disclose your health information for our own operations in order to facilitate the functioning of Clearview and as necessary to provide quality care to all of Clearview residents. For example, Clearview may use your health information to evaluate our staff performance, combine your health information with that of other Clearview residents to evaluate how we may more effectively serve all Clearview residents, disclose your health information to Clearview staff and contracted personnel for training purposes, or use your health information to contact you or your family as part of general community information mailings. Clearview may also disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, Clearview may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the information is for that provider's health care operations.

For the Facility Directory. If you are receiving care at Clearview, unless you request otherwise, Clearview may disclose certain information about you (e.g., name, general health status and room number) that is contained in the Clearview directory to anyone who asks for you by name. In addition, if you provide your religious affiliation, it may be disclosed, but only to members of the clergy. Clearview may also list your name outside your room. If you do not want Clearview to include any or some of your information in the Clearview directory or outside your room, you must notify the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**.

For Fundraising Activities. In support of our charitable mission, Clearview may use certain information about you (e.g., demographic information, dates of health care provided, department of service information, treating physician, outcome information and health insurance status) to contact you or your family to raise money for Clearview. Clearview may also disclose this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415** that you do not wish to be contacted.

To Inform You About Health Information That May Be of Interest to You. Clearview may use or disclose your health information to tell you about possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

Release of Information to Family/Friends. Unless you specifically request in writing that Clearview not communicate with such person(s), Clearview may release your health information to a family member or friend who is involved in your treatment or who is helping pay for your care.

Business Associates. Clearview may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. Clearview requires our business associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in that written agreement.

Health Information Exchanges. Clearview may participate in an arrangement of health care organizations that have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted on an emergency basis to a hospital that participates in the exchange and you cannot provide important information about your condition, the arrangement will allow the hospital to access the health information Clearview maintains about you to treat you at the hospital.

THE FOLLOWING IS A SUMMARY OF THE OTHER CIRCUMSTANCES UNDER WHICH AND THE OTHER PURPOSES FOR WHICH CLEARVIEW MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:

When Legally Required. Clearview will disclose your health information to the extent that it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. Clearview may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as death, and the conduct of public health surveillance, investigations and interventions.

- To report adverse events or product defects, to track products or enable product recalls, repairs and replacements, and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce, as legally required.

To Report Abuse, Neglect, or Domestic Violence. Clearview is allowed to notify government authorities if Clearview reasonably believes a resident is the victim of abuse, neglect or domestic violence. Clearview will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

To Conduct Health Oversight Activities. As permitted or required by State law, Clearview may disclose your health information to a health oversight agency for activities such as audits, civil, administrative or criminal investigations, inspections, and licensure or disciplinary action. If, however, you are the subject of a health oversight agency investigation, Clearview may disclose your health information only if it is directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by State law, Clearview may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, as expressly authorized by such order. In certain circumstances, Clearview may disclose your health information in response to a subpoena, discovery request or other lawful process.

For Law Enforcement Purposes. As permitted or required by State law, Clearview may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

To Coroners and Medical Examiners. Clearview may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

To Funeral Directors. Clearview may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Clearview may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. Clearview may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. Clearview may, under very select circumstances, use your health information for research. Before Clearview discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or Safety. Clearview may, consistent with applicable law and ethical standards of conduct, disclose your health information if Clearview, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize Clearview to use or disclose your health information to facilitate specified government

functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

For Worker's Compensation. Clearview may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Other than is stated above, Clearview will not use or disclose your health information other than with your written authorization. Your authorization (or the authorization of your representative) is specifically required before Clearview: (1) uses or discloses your psychotherapy notes; (2) uses your health information to make a marketing communication to you for which Clearview receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (3) discloses your health information in any manner that constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive and the law, with limited exceptions, may require that Clearview obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, Clearview will ask that you (or your representative) sign an authorization before we use or disclose such information. If you (or your representative) authorize Clearview to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Clearview maintains:

Right to Receive Confidential Communications. You (or your representative) have the right to request that Clearview communicate with you about your health or related issues in a particular manner or at a certain location. For instance, you (or your representative) may ask that Clearview only communicate with you about your health privately, with no other family members present. All requests for confidential communications must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. Such requests shall specify the requested method of contact and/or the location where you wish to be contacted. Clearview will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.

Right to Request Restrictions. You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. For example, you (or your representative) have the right to request a limit on Clearview's disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. Clearview is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, Clearview must agree to a restriction if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (2) the health information pertains solely to a health care item or service for which Clearview has been paid out of pocket, in full, by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or

another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

Right to Inspect and Copy Your Health Information. You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. If you (or your representative) request a copy of your health information, Clearview will provide you (or your representative) a copy of your health information in the format you (or your representative) request, unless we cannot practicably do so. Clearview may charge a reasonable fee for any copying and assembling costs associated with your request. Clearview may deny your request to inspect and/or copy your health information in certain limited circumstances. If Clearview denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official, and who did not participate in the original decision to deny the request.

Right to Amend Your Health Information. If you (or your representative) believe your health information is incorrect or incomplete, you (or your representative) have the right to request that Clearview amend your records. That request may be made as long Clearview still maintains the records, and must contain a reason for the amendment. All requests for amendments must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. Clearview may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if the requested amendment pertains to health information that was not created by Clearview, if the records you are requesting to amend are not part of Clearview's records, if the health information you wish to amend is not part of the health information you (or your representative) are permitted to inspect and copy, or if, in the opinion of Clearview, the records containing your health information are accurate and complete.

Right to an Accounting. You (or your representative) have the right to request an accounting of disclosures of your health information made by Clearview for certain purposes. All requests for an accounting must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. The request shall specify the time period for the accounting, which may not be in excess of six years. Clearview will provide the first accounting you request during any twelve-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice. You (or your representative) have the right to receive a separate paper copy of this Notice at any time, even if you (or your representative) have received this Notice previously. To obtain a separate paper copy, please contact the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. A copy of our current Notice may also be found on our website, www.co.dodge.wi.us/index.aspx?page=49.

Right to Breach Notification. You (or your representative) have a right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if Clearview knows the identity and address of such individual.

CONTACT PERSON

Clearview has designated the Director of Support Services/HIPAA Privacy Officer as its contact person for all issues regarding resident privacy and your rights under the Federal privacy standards. If

you have any questions regarding this Notice or your privacy rights, you may contact the **Director of Support Services/HIPAA Privacy Officer at (920) 386-3415**. You may also write this person at:

Clearview
Attention: Director of Support Services/HIPAA Privacy Officer
198 County DF
Juneau, WI 53039

COMPLAINTS

Clearview encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for expressing your concerns or filing a complaint. You (or your representative) have the right to express complaints to Clearview or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. Any complaints to Clearview may be made by calling the **Director of Support Services/HIPAA Privacy Officer** at (920) 386-3415 or by writing to: 198 County DF, Juneau, Wisconsin 53039.

EFFECTIVE DATE

This policy is effective as of October 24, 2013.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE DIRECTOR OF SUPPORT SERVICES/HIPAA PRIVACY OFFICER AT (920) 386-3415.

You Have Options...

Let Us Help

Contact your local Aging and Disability Resource Center (ADRC) for free help and guidance when looking for services and supports.

If you need information about how you can remain in your home, or if you are considering a move to an assisted living or nursing home facility, the ADRC can help you plan for the services and supports to keep you safe and comfortable.

Knowing what to look for in a facility; calculating what you can afford to pay and knowing how long your money will last isn't easy. It can be difficult to know whether you have made the best decision for yourself or a loved one.

You're not alone, there is help.

Expert Information

ADRC staff are experts in housing options and the programs available to help you receive the care you need. ADRCs are operated by counties, and are not associated with any business or service providers. You can be sure you will receive the unbiased information you need to make the best decision for you.

Professional Staff

Professional staff are available to meet with you in your own home, at the ADRC, or at another location that is convenient for you and your family.

Free Services

There is no charge for any of the services offered by the ADRC; including pre-admission consultation.

Apply for Financial Assistance

People who need help paying for long-term care services and support, are able to apply for publicly funded services at the ADRC.

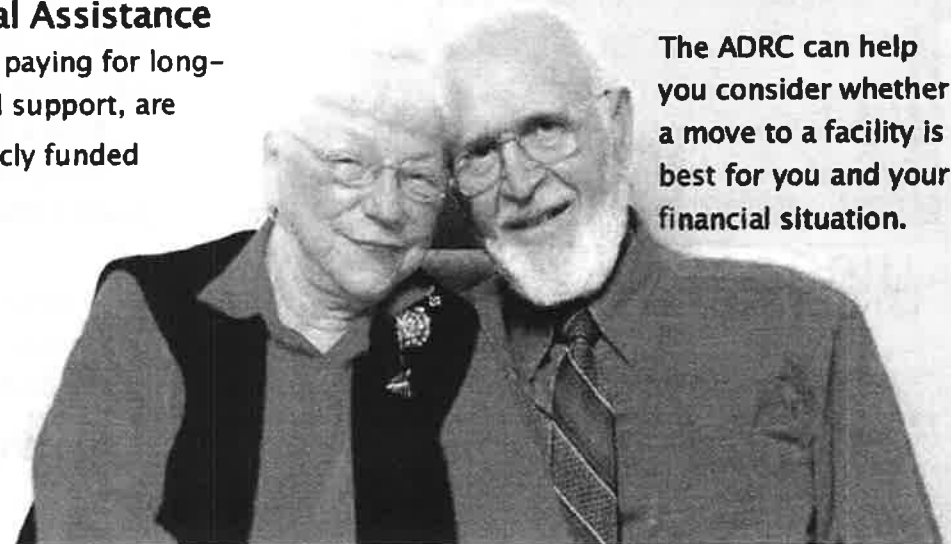
Publicly Funded Long-Term Care Programs

It is important to know the limitations of government funded programs, such as Medicare and Medicaid, if you are considering a move into an assisted living facility or nursing home facility.

A primary goal of Wisconsin's long-term care programs is to support people to live in their own home or with family. Services in facilities are only provided as a last resort.

You should not expect that government programs will pay for care in an assisted living facility, even if you are already a resident of that facility, when you enroll in a long-term care program. You and your care team will work together to decide what is the most cost effective setting for you that will allow you to fully participate in the life of your community.

The ADRC can help you consider whether a move to a facility is best for you and your financial situation.



Pre-Admission Consultation

The pre-admission consultation is a service of your local ADRC. Knowledgeable staff at the ADRC will provide you with information and assistance on:

- The full range of long-term care options available to you;
- Cost comparisons of different options to help you plan for your future;
- Limitations of government funded programs in assisted living facilities; and
- Important things to consider when choosing long-term care programs and benefits.

**Pre-admission
consultation provides
people with the
information they need to
make informed decisions,
before they make a move.**

To learn more,

Contact your local Aging and Disability Resource Center for a phone consultation or to arrange an in-person appointment:

ADRC of Dodge County

127 E. Oak Street

Juneau WI 53039

Phone: 920-386-3580

Toll Free: 800-924-6407

TTY/TDD/Relay: 920-386-3883

Email: hsagingunit@co.dodge.wi.us

Web: www.co.dodge.wi.us/humanservices/adrc.html

Nursing homes, assisted living facilities (community-based residential facilities and residential care apartment complexes) are required to give a copy of this brochure to prospective residents when providing initial written information about their facility. Provision of this brochure constitutes the information and referral required by Chapter 50, Wisconsin Statutes.



STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Long Term Care
P-00040 (09/2012)
dhs.wisconsin.gov



Are you considering Assisted Living or a Nursing Home?

What You Should Know...



Pre-Admission Consultation and You

Clearview is a non-smoking facility. Smoking is **ONLY** permitted in your personal vehicle. Smoking is **NOT** permitted anywhere on our grounds. Please keep your cigarette butts in your ashtray and help keep our grounds clean. Thank you!



Clearview is a non-smoking facility. Smoking is **ONLY** permitted in your personal vehicle. Smoking is **NOT** permitted anywhere on our grounds. Please keep your cigarette butts in your ashtray and help keep our grounds clean. Thank you!

